

# Work Order ID 88745

**\*88745\***

Page 1

August-01-12 12:31:00 PM

Item ID: D206-667-103

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Crosstube Fwd

Start Date: 8/01/12 Start Qty: 1.00

**\*1\***

Required Date: 8/03/12 Req'd Qty: 1.00

**\*1\***

Reference: REWORK DSI 9544

Cust Item ID:

Customer:

|   |                    |                     |           |
|---|--------------------|---------------------|-----------|
| <b>DART</b><br>Dart Aerospace Ltd.<br>1270 ABERDEEN ST<br>HAWKESBURY ONT CANADA K6A 1K7 |                    | TEL: 1-613-632-5200 |           |
| PN  | D206-667-103       | CHG                 | CHG005    |
| DESC.   | Crosstube Fwd High | SIC                 | SH01-5    |
| LOT   | B76449             | SIC                 | SR01304NY |
| MODEL   | Beh 206L/L1/L3/L4  | SIC                 |           |
| MADE IN CANADA  |                    | D27291              |           |

Approvals: Process Plan: 

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr     | Revision Nbr |
|--------------|--------------|
| D206-667-143 | Rev C (DEO)  |
| DSI9565      | A            |

100

0.00

**\*100\***

DC

Document Control

DOCUMENT CONTROL

Memo

0.00

Photocopy bluefile and create labels as per PPP D206-667-103 & CHG005

210

0.00

**\*210\***

SprayPaint

Spray Painting

SprayPaint

Memo


0.00

PULL FROM STOCK:

1 X D206-667-103 B76449

(KEEP KIT IN BOX TO REPACKAGE AFTER REWORK)

REOWRK PER DSI 9544

 12-8-2

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|   |      |      |   |   |                      |   |                |              |   |  |  |
|---|------|------|---|---|----------------------|---|----------------|--------------|---|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____  |      |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |   |  |  |
| <b>Root Cause</b>   | Date | Step | Qty   | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector  |  |  |
| Doc/Data <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Equip/Tooling <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Operator <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Material <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Setup <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Other <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Process <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Supplier <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Training <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Unapproved <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| <b>FAULT CATEGORY</b>   |      |      |   |   |                      |   |                |              |   |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                      | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |

# Work Order ID 88745

**\*88745\***

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Item ID: D206-667-103 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Crosstube Fwd  
 Start Date: 8/01/12 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 8/03/12 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference: REWORK DSI 9544

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp    |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| 220                            | QC14- Inspect Spray Paint <i>QCS</i>    | 0.00                 |         |        |              | 1             |               |                  | <i>W/12.08.04</i> |
| <b>*220*</b>                   |   |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                    | 0.00                 |         |        |              |               |               |                  |                   |
| Quality Control                |   |                      |         |        |              |               |               |                  |                   |
| 250                            | Pick Kit                                | 0.00                 |         |        |              |               |               |                  | <i>8/10 →</i>     |
| <b>*250*</b>                   |   |                      |         |        |              |               |               |                  | <i>12/18/10</i>   |
| Packaging                      | Memo                                    | 0.00                 |         |        |              |               |               |                  |                   |
| Packaging                      | ENSURE ORIGINAL KIT IS IN BOX           |                      |         |        |              |               |               |                  |                   |
| 260                            | QC4- 100% Inspect kits for completeness | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*260*</b>                   |   |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                    | 0.00                 |         |        |              |               |               |                  |                   |
| Quality Control                |   |                      |         |        |              |               |               |                  |                   |

*DAS 16 8-83* *2/10/12*

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |          |      |   |   |                                    |   |              |              |   |  |  |
|--|----------|------|---|---|------------------------------------|---|--------------|--------------|---|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. <u>NCR 12-1695</u>  |          |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                                    | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |              |              |   |  |  |
| Root Cause   | Date     | Step | Qty   | Description of work order update or Non-conformance   | Initial Chief Eng                  | Action Description  | Sign & Date  | Verification | QC Inspector  |  |  |
| Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Material <input type="checkbox"/><br>Setup <input type="checkbox"/><br>Other <input type="checkbox"/><br>Process <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Unapproved <input type="checkbox"/>   | 12/08/16 | 260  |   | Found when inspecting<br>DS7 9565 (D206-667-017)<br>that the wrong qty of clamps<br>were installed on the tube<br>also was missed at inspection<br><br>see ncr 12-1695          | (DAS 16 8-3)<br>AS7042<br>12/08/16 | Re work correctly to<br>the DS7 9565<br>(D206-667-017)<br><br>  | AS<br>12-8-3 | <br>12-08-24 | (DAS 16 8-3)<br>AS7042<br>12/08/16  |  |  |
| <b>FAULT CATEGORY</b>  |          |      |   |   |                                    |   |              |              |   |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |          |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                                    | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |              |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |

# Work Order ID 88745

**\*88745\***

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Item ID: D206-667-103 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Crosstube Fwd  
 Start Date: 8/01/12 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 8/03/12 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference: REWORK DSI 9544

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description   | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 270                            | Packaging  | 0.00                 |         |        |              |               |               |                  |                |
| <b>*270*</b>                   |  |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo   | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | REPACKAGE PER PPP USING NEW B/N<br>NEW LABELS REQUIRED, ADD DSI 9544 TO PAPERWORK<br>Identify and pack for shipping as per PPP D206-667-103<br>Location: <u>53</u><br>PPP Rev: _____ |                      |         |        |              |               |               |                  |                |
| 280                            | QC21- Final Inspection - Work Order Release  | 0.00                 |         |        |              |               |               |                  |                |
| <b>*280*</b>                   |  |                      |         |        |              |               |               |                  |                |
| QC                             | Memo   | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |  |                      |         |        |              |               |               |                  |                |

MF  
12-08-08

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |   |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>  | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|--|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |   |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |   |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |   |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |   |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |   |                   |                    |             |              |              |

**FAULT CATEGORY**

| Landing Gear  | General                                 | Other  |
|---|---|--|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |
|   |   | <input type="checkbox"/> Ovalized                        |
|   |   | <input type="checkbox"/> Over/Under tolerance            |
|   |   | <input type="checkbox"/> Part Incorrect                  |
|   |   | <input type="checkbox"/> Part Lost/Missing               |
|   |   | <input type="checkbox"/> Part Moved                      |
|   |   | <input type="checkbox"/> Positioned Wrong                |
|   |   | <input type="checkbox"/> Power Loss/Surge                |
|   |   | <input type="checkbox"/> Pressure/Forced                 |
|   |   | <input type="checkbox"/> Temperature/Cure                |
|   |   | <input type="checkbox"/> Weld                            |
|   |   | <input type="checkbox"/> Wrong Stock Pulled              |
|   |   | <input type="checkbox"/> Other                           |

# Picklist Print

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Page 1

Work Order ID: 88745

Parent Item: D206-667-103

Parent Item Name: Crosstube Fwd

Start Date: 8/01/12

Required Date: 8/03/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:F 05.09.01 Add holes for compatibility with Bell SkidtubesKJ/JLM  
IPP Rev:G 08-06-03 update as per DSI9415 (ECN1198) DD verified by:  
IPP Rev: H 08.11.17 QC5 was QC6 at step 12 KJ verified by: EC  
IPP Rev:I 08-12-15 add magnobond DD verified by:EC  
IPP Rev J 09.01.06 ECN 08-562 EC verified by: DD  
IPP Rev:K 09-01-19 as per DSI9439 DD verified by:EC IPP REV:L 11.08.05 PER ECN 11-615 DD VERF:EC

| Component Item ID/<br>Item Name              | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|--|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D206-667-017<br>Grounding Strap Installation |                        | Manufactured  | No          | 88731               |                  |                 | Each               | 0.0000         |             | ①            | AS            | 12-8-2         |        |
| D206-667-103<br>Crosstube Fwd                |                        | Manufactured  | No          | 76449               |                  |                 | Each               | 0.0000         |             | ①            | AS            | 12-8-2         |        |

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |             |             |   |   |                          |   |                        |                     |   |  |  |
|--|-------------|-------------|---|---|--------------------------|---|------------------------|---------------------|---|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |             |             |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |   |  |  |
| <b>Root Cause</b>  | <b>Date</b> | <b>Step</b> | <b>Qty</b>  | <b>Description of work order update or Non-conformance</b>  | <b>Initial Chief Eng</b> | <b>Action Description</b>   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b>   |  |  |
| Doc/Data <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |
| Equip/Tooling <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |
| Operator <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |
| Material <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |
| Setup <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |
| Other <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |
| Process <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |   |  |  |
| Supplier <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |
| Training <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |
| Unapproved <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |   |  |  |
| <b>FAULT CATEGORY</b>  |             |             |   |   |                          |   |                        |                     |   |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |             |             | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                          | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                        |                     | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |



# DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS IIN-D206-667 REV. C AND EARLIER AND  
INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D206-667 REV. 2 AND EARLIER

REF: CANADIAN STC: SH01-5  
REF: FAA STC: SR01304NY  
REF: EASA STC: EASA.IM.R.S.01179

## PURPOSE

The purpose of this service instruction is to add the optional D206-667-017 Kit and provide guidelines to install extra clamps on D206-667-101/-103 or D407-667-105 forward crosstubes to allow fastening of OEM grounding straps.

## INSTRUCTIONS:

- 1) If installed, follow Section 32.1 of ICA-D206-667 for removal of the forward crosstube from the helicopter.
- 2) Locate AN742D36 Clamp as shown in Figure 1 of this service instruction and mark location of clamp on the crosstube.
- 3) Remove crosstube finish (paint and primer) in area where AN742D36 Clamp will be installed and touch up affected area with chemical film material (Alodine 1200 or 1201) per MIL-C-5541.
- 4) Install AN742D36 Clamp complete with MS9165-05 per Section A-A of Figure 1 of this service instruction.
- 5) Touch up paint as required per Item 5.3.3 of ICA-D206-667.
- 6) Seal edges where AN742D36 Clamp meets with crosstube using Sikaflex-241/291 or MIL-S-8802 Class B2 or Proseal 890 sealant.
- 7) Install/re-install forward crosstube in accordance with Section 32.2 of ICA-D206-667.
- 8) Fasten OEM grounding strap to MS9165-05 Angle Bracket on forward crosstube per Bell instructions.
- 9) Undertake a resistance check between a ground point on the skidtube and aircraft ground in accordance with Class R-II requirement per BHT-ELEC-SPM. Maximum resistance is 10 milliohms (mΩ).

## PARTS LIST:

| QTY<br>-017 | PART NUMBER   | DESCRIPTION                  |
|-------------|---------------|------------------------------|
| X           | D206-667-017  | GROUNDING STRAP INSTALLATION |
| 2           | AN742D36      | CLAMP                        |
| 2           | MS9165-05     | ANGLE BRACKET                |
| 2           | MS21042-3     | NUT                          |
| 2           | MS27039-1-08  | SCREW                        |
| 4           | NAS1149C0332R | WASHER                       |

## WEIGHT AND BALANCE

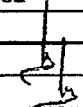
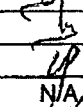
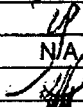
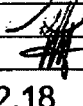
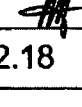
There is a negligible weight change associated with the installation of this kit.

u/b 887415

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED  
BY:   
D. SHEPHERD (DE # 02)

DATE: 11.02.25  
CERT. NO.: SH01-5  
ISSUE NO.: 3

|            |   |  |              |
|------------|---|--|--------------|
| A          | NEW ISSUE   | MB   | 11.02.18     |
| REV.       | DESCRIPTION   | BY   | DATE         |
| DESIGN     |  | DART AEROSPACE LTD   |              |
| DRAWN      |  | HAWKESBURY, ONTARIO, CANADA  |              |
| CHECKED    |  | DRAWING NO.  | REV. A       |
| MFG. APPR. | N/A   | DSI 9544   | SHEET 1 OF 2 |
| APPROVED   |  | TITLE  | SCALE        |
| DE APPR.   |  | GROUNDING STRAP INSTALLATION   | NTS          |
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NCR: Yes / No

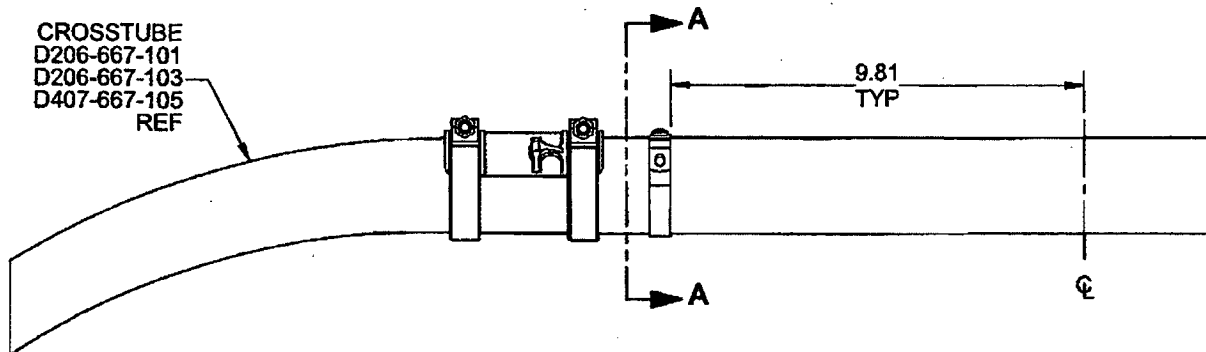
## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

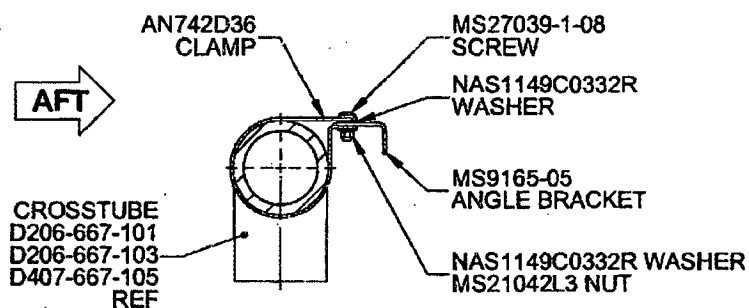
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |                                    |  |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|------------------------------------|--|--------------------------------------|---|-------------------|--|-------------|--------------|--------------|--|--|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                    |  |                                      | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Crosstube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table> |             |              |              |  |  | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/>           | Engineering <input type="checkbox"/> |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/>   | Quality <input type="checkbox"/>     |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>       |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/>            |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Root Cause   | Date                               | Step   | Qty                                  | Description of work order update or Non-conformance   | Initial Chief Eng | Action Description   | Sign & Date | Verification | QC Inspector |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Doc/Data <input type="checkbox"/>                            |                                    |  |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Equip/Tooling <input type="checkbox"/>                       |                                    |  |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Operator <input type="checkbox"/>                            |                                    |  |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Material <input type="checkbox"/>                            |                                    |  |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Setup <input type="checkbox"/>                               |                                    |  |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Other <input type="checkbox"/>                               |                                    |  |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Process <input type="checkbox"/>                             |                                    |  |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Supplier <input type="checkbox"/>                            |                                    |  |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Training <input type="checkbox"/>                            |                                    |  |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Unapproved <input type="checkbox"/>                          |                                    |  |                                      |   |                   |  |             |              |              |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| FAULT CATEGORY  |   |   |  |   |
|---|---|---|--|---|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |



**FIGURE 1 - GROUNDING STRAP INSTALLATION**  
(VIEW LOOKING FWD)



**SECTION A-A**  
(SUPPORT, CLAMP, CUSHION NOT SHOWN FOR CLARITY)  
TYP, 2 PL PER CROSSTUBE

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED  
BY: *[Signature]*  
D. SHEPHERD (DE # 02)

DATE: 11.02.25  
CERT. NO.: SH01-5  
ISSUE NO.: 3

|   |          |  |              |
|---|----------|--|--------------|
| DESIGN  |          | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN   |          | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED   |          | DRAWING NO.                            | REV. A       |
| MFG. APPR.  | N/A      | DSI 9544                               | SHEET 2 OF 2 |
| APPROVED  |          | TITLE                                  | SCALE        |
| DE APPR.  |          | GROUNDING STRAP INSTALLATION           | NTS          |
| DATE  | 11.02.18 | COPYRIGHT © 2011 BY DART AEROSPACE LTD |              |
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NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |   |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>  | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|--|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |   |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |   |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |   |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |   |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |   |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |   |                   |                    |             |              |              |

### FAULT CATEGORY

|   |   |  |
|---|---|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions<br><br><input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |
|---|---|--|

# Work Order ID 88745

August-01-12 12:31:00 PM

Item ID: D206-667-103

Revision ID:

Item Name: Crosstube Fwd

Start Date: 8/01/12 Start Qty: 1.00

Required Date: 8/03/12 Req'd Qty: 1.00

Reference: REWORK DSI 9544

Approvals: Process Plan: *W*

QC:

Date:

Date:

Accept

Tooling:

SPC (Y/N):

Set Up/  
Run Hours

\*88745\*

\*N900040100\*

Setup Start \*NS1\*

Cust Item ID:  
Customer:

|   |                    |  |  |  |           |
|---|--------------------|--|--|--|-----------|
| <b>DART</b><br>Dart Aerospace Ltd.<br>1270 ABERDEEN ST.<br>HAWKESBURY, ON, CANADA K6A 1K7 |                    |  |  | TC APPROVAL # 09-89<br>TEL: 1-813-632-5200 |           |
| P/N   | D206-667-103       |  |  | CHG  | CHG005    |
| DESC.   | Crosstube Fwd High |  |  | STC  | SH01-5    |
| LOT   | B76449             |  |  | STC  | SR01304NY |
| MODEL   | Bell 206L/L1/L3/L4 |  |  | STC  |           |
| MADE IN CANADA  |                    |  |  |  |           |

Date:

Date:

Stop

\*NR2\*

| Tool ID      | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------|--------|-----------|------------|------------|---------------|-------------|
| MLJ 12108/07 |        |           |            |            |               |             |

Sequence ID/  
Work Center ID

Operation  
Description

| Draw Nbr     | Revision Nbr |
|--------------|--------------|
| D206-667-143 | Rev C (DEO)  |
| DSI9565      | A            |

100

\*100\*

DC

Document Control

DOCUMENT CONTROL

Memo

Photocopy bluefile and create labels as per PPP D206-667-103 CHG005

0.00

0.00

0.00

210

\*210\*

SprayPaint

Spray Painting

SprayPaint

Memo

PULL FROM STOCK:  
1 X D206-667-103 B76449  
(KEEP KIT IN BOX TO REPACKAGE AFTER REWORK)  
REOWRK PER DSI 9544

0.00

AS 12-8-2



# Non-Conformance Report

Printed on:

Friday, August 24, 2012

| Details  |   |  |  |
|--|---|--|--|
| <b>Raised Date</b><br>8/16/2012  | <b>Status</b><br>Open   | <b>Owner</b>                           | <b>Number</b><br>NCR12-1695              |
| <b>Target Date</b><br>9/7/2012   | <b>Standard</b>   |  | <b>Severity</b><br>MAJOR                 |
| <b>Source</b><br>Quality Inspection  |   | <b>Audit</b>                           |  |
| <b>Raised By Person</b><br>Downing, Eric   | <b>Raised Against (Department or Supplier)</b><br>Manufacturing\Crosstube |  | <b>Fault Category</b><br>General\Misread |
| Details  |   |  |  |
| <p>i was brought a D206-664-017 kit to inspect after it was installed on QTY 10 cross tubes here at dart. when i was going to start checking the work order pick list to the IIN parts list i found that the qty's of parts were strange. when i started to read the DSI 9544-017 i then saw that the DSI calls for it to be installed in two places on the cross tubes. all the qty of cross tubes were only installed in 1 location. i then questioned the employee who was doing the install here and was informed that it was only installed in 1 location and that he thought it was strange that a grounding strap was installed in two locations on the same tube and took. the employee that was installing it was splitting up the qtys in the kits to do his install. all the cross tubes were inspected incorrectly. the kit was picked correctly having the right qtys of parts in it.</p> |   |  |  |
| <b>Product</b><br>D206-667\D206-667-101/201/103/103  |   |  |  |
| <b>Document</b>  |   | <b>Root Cause</b><br>Lack of Attention |  |
| <b>Closed By</b>   | <b>Closed Date</b>  | <b>Resolution</b>                      |  |

| Corrective Action  |                                       |                    |                  |
|--|---------------------------------------|--------------------|------------------|
| <b>Target Date</b><br>9/7/2012   | <b>Owner</b><br>Smith, Patrick Robert | <b>Closed Date</b> | <b>Closed By</b> |
| Details  |                                       |                    |                  |
| prevent the common practice of issuing out DSI's for reworks then asking them to be inspected after installs here at Dart. |                                       |                    |                  |

| Actions  |                 |                    |                       |
|--|-----------------|--------------------|-----------------------|
| <b>Number</b>  | <b>Owner</b>    | <b>Target Date</b> | <b>Completed Date</b> |
| <b>Details</b>   | <b>Response</b> |                    |                       |
| 4  | Lacelle, Linda  | 8/31/2012          |                       |
| to stop the practices of handing out DSI for rework purposes and then asking them to be inspected after the installation   |                 |                    |                       |
| 1  | Lacelle, Linda  | 8/31/2012          |                       |
| pull all qtys of D206-667-101/103/105/107 that have D206-667-017 installed and issue a rework work order to have the clamps correctly installed to the correct qty |                 |                    |                       |





|  |                       |           |  |
|--|-----------------------|-----------|--|
| 2  | Willems, Sian         | 8/31/2012 |  |
| issue a service bulletin or no charge to all the customers that have had D206-667-101/103/105/107 shipped to them missing part of the DSI9544-017/D206-667-017 installed incorrectly |                       |           |  |
| 3  | Smith, Patrick Robert | 8/31/2012 |  |
| retrain all employees involved (Eric D, Andy S, & Matt M). and to Andy S to openly question as installation he has doubts about  |                       |           |  |

| Verification & Review    |       |             |           |
|--------------------------|-------|-------------|-----------|
| Target Date<br>8/20/2012 | Owner | Closed Date | Closed By |
| Details                  |       |             |           |

| Actions |          |             |                |
|---------|----------|-------------|----------------|
| Number  | Owner    | Target Date | Completed Date |
| Details | Response |             |                |
|         |          |             |                |
|         |          |             |                |

